



*35th Congress of the  
Société Internationale d'Urologie*

*October 15-18, 2015*

*MELBOURNE CONVENTION AND EXHIBITION CENTRE*

**Abstract Submission Guidelines**  
**Abstract Deadline: April 3, 2015 @ 1159PM, Eastern Daylight Saving Time (EDT)**  
**Notices of Disposition: June 2015**

**Please take a few moments to review the guidelines and sample abstract below.**

1. Rules for Authors
2. Preparation of Abstracts
3. Sample Abstract
4. Video Submissions

## **1. Rules for Authors**

### **Prior Publication of Material**

The SIU Congress is a forum for the presentation of novel research findings. The work covered by the abstract must not have been published (manuscript or abstract) before October 15, 2015. If the work has been presented at another meeting, the author must disclose when and where it was presented (during submission process), so that the Abstract Review Committee can make its decision based on all available details.

### **Objectivity**

The SIU is committed to offering participants an open forum for scientific discussion, wherein all scientists and clinicians are invited to contribute actively. To preserve this valuable environment, the SIU urges all presenters to avoid statements, symbols or other displays that are subjective and unscientific in nature.

### **Registration and Expenses**

The early-bird registration rate is June 15, 2015; however, **after this date presenting authors who have not paid their registration fees will be excluded from the programme as well as from the SIU Abstract eBook.** No exceptions will be granted.

Abstract presenters who are not SIU members are encouraged to [join](#), as this means a possible savings of at least €200 on registration fees.

All expenses such as registration, visa, airfare, lodging, etc. associated with the submission and presentation of an abstract are the responsibility of the presenter.

### **Failure to Present**

Should the author (or a designated co-author) of an accepted abstract fail to present the work as scheduled, subsequent abstracts submitted by the individual will be flagged to the scientific committee as coming from a prior "no-show presenter", and will be judged accordingly. This could result in the non-acceptance of future submissions at SIU meetings.

### **Abstract Acceptance**

Each abstract will be blinded and scored by three reviewers. Abstracts will be accepted on the basis of scientific merit.

While abstracts may be submitted as Moderated ePosters, Unmoderated ePosters or Video presentations, the Scientific Committee reserves the right to assign final presentation categories in the best interest of the programme.

### **Abstract Revisions**

Abstracts may not be revised or resubmitted after the deadline of April 3, 2015.

### **Abstract Withdrawal**

Please submit abstract withdrawal requests in writing by June 1, 2015.

### **Change of Presenting Author**

Please submit requests in writing by June 1, 2015. After this date, changes will no longer appear in the SIU Abstract eBook.

## **2. Preparation of Abstracts**

### **Language**

Abstracts must be written and presented in English. Careful typing and proofreading is essential. **If accepted, the abstract will be published as submitted. Errors, misspellings, incorrect hyphenation, and deviations from the use of correct English will be glaringly apparent in the published abstract.** Once the abstract is submitted, changes, corrections or rewording will not be possible. Presenters are requested to devote the necessary attention to language in order to avoid deviations from the use of good English. The Scientific Committee reserves the right to reject abstracts which are presented in poor English or to request an immediate revision.

### **Word count**

Abstract should not exceed 350 words. Deduct 50 words for each table or graph included.

### **Images**

*Images are not permitted*, as they do not reproduce well. Brief and clear tables or graphs are accepted.

### **Topic area**

To ensure that your abstract receives proper scientific consideration, be sure to submit to the appropriate topic category as indicated on the web submission page.

## **Title of abstract**

Abstract must have a short, specific title (no abbreviations) that indicates the nature of the investigation.

## **Sections**

Abstract **MUST** include the following four distinct sections:

- Introduction and Objective
- Materials and Methods
- Results
- Conclusion

## **Drug names**

Use generic drug names.

## **Abbreviations**

Standard abbreviations may be used without definition. Nonstandard abbreviations should be kept to a minimum and placed in parentheses after the first use of the word or phrase.

## **Acknowledgments**

Do not include references, credits or grant support.

## **Author Names and Affiliations**

List of authors: The document you upload should NOT include the author list. Only submit this information on the online form. There is only one presenting author permitted per submission.

Spelling: If an author's name appears on more than one abstract, it must be identical on each abstract in order to ensure proper indexing.

## **Human Experimentation**

Any human experimentation conducted as part of the submitted abstract(s) must follow the protocol approved by the institutional or local committee on ethics in human investigation; or, if no such committee exists, the investigation should have been conducted in accordance with the principles of the World Medical Association's Helsinki Declaration. The Scientific Committee may inquire further into ethical aspects when evaluating the abstract(s)

## **Abstract Data**

Abstracts that describe single clinical cases, or investigations of compounds that involve inadequate numbers of study subjects, or abstracts that lack quantitative data will not be accepted. Authors should not "split" data to create several abstracts from one. If splitting is judged to have occurred, priority scores of related abstracts will be reduced.

Abstracts containing identical or nearly identical data submitted from the same institution (and/or individuals) describing the same study population will be disqualified.

Statements such as "results will be discussed" will automatically disqualify the abstract. Reviewers require specific data on which to base their evaluation.

Bear in mind that your abstract will be rated according to the following criteria:

- Is the design of the study valid?
- Are the methods appropriate?
- What is the significance of the results?
- Is the event described in the case report significant?

### 3. Sample Abstract

#### Complications in Laparoscopic Transperitoneal Partial Nephrectomy

**Introduction and Objective:** We review the complications of laparoscopic partial nephrectomy in a single surgeon series.

**Materials and Methods:** Between July 1999 and April 2006, a total of 125 patients underwent laparoscopic transperitoneal partial nephrectomy. Mean patient age was 58 years (range 33 to 87) and male to female ratio was 2:1. In 43 patients (34%) the procedure was hand-assisted. A database was kept prospectively for all patients.

**Results:** Mean operative time was 104 minutes (range 35 to 180) and average surgical bleeding was 258 ml (range 0 to 2000). For procedures with warm ischemia, mean arterial clamping time was 26 minutes (range 15 to 60). Mean tumor size was 2.7 cm (range 1 to 7). A total of 14 patients (11.2%) had one or more complications which were intraoperative 6 (4.8%) and postoperative 8 (6.4%) with two delayed complications. Intraoperative hemorrhage occurred in 6 cases (4%), and postoperatively in another 6 (4%). Intraoperative hemorrhage was managed in 2 cases with laparoscopic radical nephrectomy and in 4 cases with intracorporeal suture. Postoperative hemorrhage required reoperation in 4 patients: two open radical nephrectomies, one laparoscopic radical nephrectomy and one laparoscopic re-suture of the kidney. The remaining two patients were managed with endovascular (percutaneous) embolization. Urine leakage occurred in one case (0.8%) and was managed conservatively with a double-J stent. A digestive hemorrhage and a pulmonary embolism were presented by two patients (1.6%). Transfusion rate was 10.4%. No case required conversion to open surgery. Mean hospital stay was 3.6 days (range 1 to 12).

**Conclusion:** Laparoscopic transperitoneal partial nephrectomy is technically demanding with a high potential for complications. The most frequent complication is either intra- or post-operative hemorrhage. For delayed bleeding, endovascular techniques are safe and effective and thus our first choice in the stable patient.

### 4. Video submissions

#### Submission

If you have selected "video" as your presentation type, please upload your video via the link provided in the submission details page.

Please note that videos MUST be uploaded prior to the submission deadline in order to be considered for review.

#### Format

All videos must be in the final format and include the exact title, presenting author and production date. Maximum duration of video: 7 minutes. As accepted videos are unmoderated, submitters may wish to include commentary. All audio and written commentary must be in English.

For any questions pertaining to your abstract submission, please contact:

[scientific.programme@siu-urology.org](mailto:scientific.programme@siu-urology.org)